



Massachusetts Department of Environmental Protection  
Bureau of Resource Protection - Drinking Water Program

# Trihalomethane Report

PWS ID # \_\_\_\_\_

Sample ID - A \_\_\_\_\_ Sample ID - B \_\_\_\_\_

Sample ID - C \_\_\_\_\_ Sample ID - D \_\_\_\_\_

## A. PWS Information

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Attention: Mail **TWO** copies of this report to your DEP Regional Office within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section:

PWS ID # \_\_\_\_\_ City/Town \_\_\_\_\_

PWS Name \_\_\_\_\_ PWS Class: ☐ COM ☐ NTNC

A.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
B.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
C.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____
D.	DEP Source Code/Location ID _____	Sample Location _____	Date Collected _____	Collected by _____

A.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____
B.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____
C.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____
D.	Routine <input type="checkbox"/> Special <input type="checkbox"/> (explain) _____	Notes _____

## B. Laboratory Analytical Information

Lab Name \_\_\_\_\_ Lab Certification # \_\_\_\_\_

Subcontracted: ☐ \_\_\_\_\_ Subcontractor Laboratory Name \_\_\_\_\_ Sub. Certification # \_\_\_\_\_

Notes \_\_\_\_\_



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Sample ID - B \_\_\_\_\_

Sample ID - C \_\_\_\_\_

Sample ID - D \_\_\_\_\_

## B. Laboratory Analytical Information (cont.)

	MCL µg/L	Detection Limit µg/L	Result µg/L			
			A	B	C	D
Lab Sample ID#:	---	---	_____	_____	_____	_____
Date Analyzed	---	---	_____	_____	_____	_____
Analytical Method	---	---	_____	_____	_____	_____
Bromoform	---	_____	_____	_____	_____	_____
Chloroform	---	_____	_____	_____	_____	_____
Bromodichloromethane	---	_____	_____	_____	_____	_____
Dibromochloromethane	---	_____	_____	_____	_____	_____
Total Trihalomethanes	80	_____	_____	_____	_____	_____

### Surrogate Recoveries (As required by EPA method 524.2)

The QA/QC  
required matrix  
spike sample  
information is on  
file at our office

Compound	% Recovered	QC Limit (%)
4-bromofluorobenzene	_____	70 – 130
1,2-dichlorobenzene d <sub>4</sub>	_____	70 – 130

\_\_\_\_\_  
Laboratory Director Signature

\_\_\_\_\_  
Date

This section is  
mandatory for  
Public Water  
Systems  
regulated under  
310 CMR 22.07E

Running Annual  
Average =  
Average of this  
quarter and three  
prior consecutive  
quarterly  
averages µg/L

## C. DBPR Compliance Reporting

TTHM Monitoring Frequency: (Choose One)      Quarter ☐      Year ☐      3 Years ☐

\_\_\_\_\_  
Total Number of TTHM Samples Collected During Monitoring Period

\_\_\_\_\_  
Average Result for ALL Locations Sampled During Monitoring Period µg/L

\_\_\_\_\_  
Running Annual Average µg/L

I certify under penalty of law that I am the person authorized to  
fill out this form and the information contained herein is true,  
accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Primary Certified Operator Signature

\_\_\_\_\_  
Date

For DEP Use Only -  
Please initial and  
date as completed:

Accepted:

Disapproved:

Comments:

Data entered into WQTS: